24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Planned Parenthood Votes	C C00489799	
Check if 24-hour report 48-hour report New report Amends report filed of	on Mam / Dab / Yayayay	
Full Name of Payee Planned Parenthood Action Fund Inc.	Date of Public Distribution/Dissemination	
	08 07 2014	
Mailing Address 434 West 33rd Street	Amount	
City State Zip Code	1200.00	
	Transaction ID : B510987 Date of Disbursement or Obligation	
Purpose of Expenditure Predictive dialer minutes for volunteer phonebanks Category/ Type 004	08 / 07 / 2014	
Name of Federal Candidate Support Office	Sought: House District:	
Kay Hagan Oppose	President State: NC	
Calendar Year-To-Date Per Election for Office Sought Disburs 2014	sement For: Primary ☐ General Other (specify) ▶	
Full Name of Payee	Date of Public Distribution/Dissemination	
Planned Parenthood Action Fund Inc.	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 434 West 33rd Street	Amount	
City State Zip Code	95.10	
	Fransaction ID : B510986 Date of Disbursement or Obligation	
Purpose of Expenditure List rental Category/ Type 004	08 / 14 / 2014	
Name of Federal Candidate Support Office	Sought: House District:	
Thom Tillis Oppose	President State: NC	
Calendar Year-To-Date Per Election for Office Sought Disbur: 2014	sement For:	
(a) SUBTOTAL of Itemized Independent Expenditures	1295.10	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	1 1 7 1 1 7 1 1 7	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	· · · · · · · · · · · · · · · · · · ·	
Aletheia Henry [Electronically Filed] Date 08	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature		

Schedule E)	PAGE 2 OF 10 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Planned Parenthood Votes	C C00489799
Check if 24-hour report X 48-hour report N	ew report Amends report filed on Amends report
Full Name of Payee Planned Parenthood Action Fund Inc.	Date of Public Distribution/Dissemination
Mailing Address 434 West 33rd Street	08 19 2014 Amount
City State	Zip Code 55.17
New York NY	10001 Transaction ID : B510988 Date of Disbursement or Obligation
Purpose of Expenditure List rental	Category/ Type 004 08 / 19 / 2014
Name of Federal Candidate	Support Office Sought: House District:
Thom Tillis	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Planned Parenthood Action Fund Inc.	Date of Public Distribution/Dissemination
	08 / 23 / 2014
Mailing Address 434 West 33rd Street	Amount
City State	Zip Code 3740.00
New York NY	10001 Transaction ID : B510989 Date of Disbursement or Obligation
Purpose of Expenditure Predictive dialer minutes for volunteer phonebanks	Category/ Type 004 08 08 23 2014
Name of Federal Candidate	Support Office Sought: House District:
Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures)
(c) TOTAL Independent Expenditures)
	ditures reported herein were not made in cooperation, consultation, or concert norized committee or agent of either, or (if the reporting entity is not a political
Aletheia Henry Signature	lectronically Filed] Date 08 29 2014
- 3 	

Schedule E)	ones	PAGE 3 OF 10 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Planned Parenthood Votes		C C00489799
Check if 24-hour report X 48-hour report New re	port Amends report fi	led on M M / D D / Y Y Y Y Y
Full Name of Payee		Date of Public Distribution/Dissemination
76 Words		08 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1720 Eye Street NW, Ste 550		Amount
City State	Zip Code	11169.66
Washington DC	20006	Transaction ID : B510990 Date of Disbursement or Obligation
Purpose of Expenditure Production of online ads	Category/ Type 004	08 27 7 2014
Name of Federal Candidate	Support Of	fice Sought: House District:
Kay Hagan	Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	367491.93 Dia	sbursement For: Primary
Full Name of Payee		Date of Public Distribution/Dissemination
76 Words		08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1720 Eye Street NW, Ste 550		Amount
City State	Zip Code	22339.34
Washington DC	20006	Transaction ID : B510991 Date of Disbursement or Obligation
Purpose of Expenditure Production of online ads	Category/ Type 004	08 / D D / Y Y Y Y Y Y 2014
Name of Federal Candidate	Support Of	ffice Sought: House District:
Thom Tillis	Oppose [President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		sbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		33509.00
	•	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·······	
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
	nically Filed] Date	08
Signature		

Schedule E)	CIVI EXI EIVE	TOTILO		PAGE 4 OF 10 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Planned Parenthood Votes			C	C00489799
Check if 24-hour report X 48-hour report	X New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Analyst Institute LLC			Date of Pub	lic Distribution/Dissemination
Mailing Address 815 16th Street, NW			08	27 2014
			Amount	
City	State	Zip Code		1665.00
Washington	DC	20006		ID: B510994 pursement or Obligation
Purpose of Expenditure Testing of online ads		Category/ Type 004	08	/ D D / Y Y Y Y Y Y 2014
Name of Federal Candidate		X Support	Office Sought:	House District:
Kay Hagan		Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	3	867491.93	Disbursement For: 2014 Other (s	Primary
Full Name of Payee				lic Distribution/Dissemination
Analyst Institute LLC			M M M M M M M M M M M M M M M M M M M	27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 815 16th Street, NW			Amount	
City	State	Zip Code		3335.00
Washington	DC	20006	Transaction Date of Disk	ID: B510995 oursement or Obligation
Purpose of Expenditure Testing of online ads		Category/ Type 004	M 08	27 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:
Thom Tillis		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		367491.93	Disbursement For: 2014 Other (s	Primary ⊠ General
(a) SUBTOTAL of Itemized Independent Expen	ditures		. •	5000.00
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>	
(c) TOTAL Independent Expenditures)	4
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorized			
Aletheia Henry Signature	[Electron	<i>ically Filed]</i> Date	08 / 29	2014
Oignature				

Schedule E)	IDENT EXTEND	TOTILO		PAGE 5 OF 10 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Planned Parenthood Votes			С	C00489799
Check if 24-hour report X 48-hour repo	ort New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee The Feldman Group Inc.			M = M	lic Distribution/Dissemination
Mailing Address 508-510 8th St. SE			08 Amount	27 2014
City	State	Zip Code		10333.33
Washington	DC	20003		ID: B510992 bursement or Obligation
Purpose of Expenditure Messaging research		Category/ Type 004	M 08	27 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:
Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	3	867491.93	Disbursement For: 2014 Other (s	Primary ⊠ General
Full Name of Payee The Feldman Group Inc.			Date of Pub	olic Distribution/Dissemination
Mailing Address 508-510 8th St. SE			Amount	2014
City	State	Zip Code		20666.67
Washington	DC	20003		ID: B510993 bursement or Obligation
Purpose of Expenditure Messaging research		Category/ Type 004	M 08	27 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:
Thom Tillis		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		367491.93	Disbursement For: 2014 Other (Primary X General
(a) SUBTOTAL of Itemized Independent Exp	enditures		.	31000.00
(b) SUBTOTAL of Unitemized Independent E	xpenditures			
(c) TOTAL Independent Expenditures			·	4
Under penalty of perjury I certify that the inc with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Aletheia Henry Signature	[Electron	ically Filed] Date	08 / 29	2014
•				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

ooneddie Ej	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Planned Parenthood Votes	C C00489799
Check if 24-hour report X 48-hour report New report Amends report filed of	on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Rising Tide Interactive	08 / 27 / 2014
Mailing Address 901 New York Ave NW #470 East	Amount
City State Zip Code	4819.25
Washington DC 20001	Transaction ID : B510996 Date of Disbursement or Obligation
Purpose of Expenditure Online advertising Category/ Type 004	08 / 27 / 2014
Name of Federal Candidate Support Office	Sought: House District:
Kay Hagan	President State: NC
Calendar Year-To-Date Per Election for Office Sought Disburs 2014	sement For:
Full Name of Payee Rising Tide Interactive Mailing Address 901 New York Ave NW #470 East	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Zip Code	9638.50
Washington DC 20001	Transaction ID : B510997 Date of Disbursement or Obligation
Purpose of Expenditure Online advertising Category/ Type 004	08 27 2014
Name of Federal Candidate Support Office	Sought: House District:
Thom Tillis Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbur 2014	rsement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	14457.75
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Aletheia Henry [Electronically Filed] Date 08	
Signature	

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Schedule E)	INT EXI END	TIONES		PAGE 7 OF 10 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Planned Parenthood Votes			[C C00489799
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	M / D = D / Y = Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
Community Outreach Group LLC			O	9 01 7 2014
Mailing Address 1110 Vermont Ave N.W. #300			Amount	
City	State	Zip Code		5647.75
Washington	DC	20005		ction ID : B510998 Disbursement or Obligation
Purpose of Expenditure Volunteer recruitment phone banks		Category/ Type 004	M C	01 / 2014
Name of Federal Candidate		X Support	Office Sought:	House District:
Kay Hagan		Oppose	Presiden	t Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	3	367491.93	Disbursement 2014 Oth	For: Primary X General er (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
Community Outreach Group LLC				09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1110 Vermont Ave N.W. #300)		Amount	
City	State	Zip Code		22591.00
Washington	DC	20005		tion ID : B510999 Disbursement or Obligation
Purpose of Expenditure Persuasion phone banks		Category/ Type 004		9 01 2014
Name of Federal Candidate		X Support	Office Sought:	House District:
Kay Hagan		Oppose	Presider	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		367491.93	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures			28238.75
(4)				7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		· •	7 1 7 1 5
(c) TOTAL Independent Expenditures			•	4 . 4
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Aletheia Henry Signature	[Electron	ically Filed] Date		29 / 2014
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Schedule E)	EXI END	TOTILO		PAGE 8 OF 10 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Planned Parenthood Votes				C C00489799
Check if 24-hour report X 48-hour report	New repo	ort Amends repo		M / D D / Y H Y H Y
Full Name of Payee Community Outreach Group LLC				of Public Distribution/Dissemination
			M	09 01 2014
Mailing Address 1110 Vermont Ave N.W. #300			Amou	nt
City	State	Zip Code	<u> П</u>	22591.03
Washington	DC	20005		action ID: B511000 If Disbursement or Obligation
Purpose of Expenditure Persuasion canvasses		Category/ Type 004		09 01 2014
Name of Federal Candidate		Support	Office Sough	t: House District:
Kay Hagan		Oppose	Preside	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , , ,	67491.93	Disbursemen 2014 O	t For: Primary ⊠ General
Full Name of Payee			Date	of Public Distribution/Dissemination
Community Outreach Group LLC			IV	09 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1110 Vermont Ave N.W. #300			Amou	nt
City	State	Zip Code		5647.75
Washington	DC	20005		ction ID : B511006 of Disbursement or Obligation
Purpose of Expenditure Persuasion events		Category/ Type 004	N N	09 01 / 2014
Name of Federal Candidate		X Support	Office Sough	t: House District:
Kay Hagan		Oppose	Preside	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	367491.93	Disbursemen 2014 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditures	S			28238.78
,				7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		•	4 4
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized			
Aletheia Henry Signature	[Electron	ically Filed] Date	M M /	29 / 2014
- · g · ·				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	······ ,	FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Pla	nned Parenthood Votes	C C00489799
Check	x if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ull Name of Payee Planned Parenthood Health Systems Action Fund	e of Public Distribution/Dissemination
	, and the second	09 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	lailing Address 100 South Boylan Ave.	ount
С	ity State Zip Code	1325.00
	Date	nsaction ID : B511001 e of Disbursement or Obligation
	urpose of Expenditure /olunteer recruitment phone banks Category/ Type 004	09 / 01 / 2014
N	ame of Federal Candidate Support Office Sou	ght: House District:
K	Kay Hagan Oppose Presi	dent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	ent For: Primary
		e of Public Distribution/Dissemination
	Sity State Zip Code	5300.00
ı	Raleigh NC 27603 Trans	saction ID : B511002 e of Disbursement or Obligation
	Persuasion phone banks Category/ Type 004	09 01 2014
N	lame of Federal Candidate Support Office Sou	ght: House District:
۲	Kay Hagan Oppose Presi	ident Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	ent For:
(a)	SUBTOTAL of Itemized Independent Expenditures	6625.00
(b)	SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c)	TOTAL Independent Expenditures	7 1 7 1 7 1
wit	der penalty of perjury I certify that the independent expenditures reported herein were not made in h, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (in the committee) any political party committee or its agent.	
,	Aletheia Henry [Electronically Filed] Date 08	29 2014
	Signature	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

		FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼	
Planned Parenthood Votes		C C00489799	
Check if 24-hour report X 48-hour report New report	Amends report filed on	M / D D / Y D Y D Y	
Full Name of Payee	Date	of Public Distribution/Dissemination	
Planned Parenthood Health Systems Action Fund	- N	09 / 01 / 2014	
Mailing Address 100 South Boylan Ave.	Amou	nt	
City State Zip Code		5300.00	
Raleigh NC 27603	Trans	Transaction ID : B511003 Date of Disbursement or Obligation	
Purpose of Expenditure Persuasion canvasses Category Ty	ry/ 004	09 / 01 / 2014	
Name of Federal Candidate	Support Office Sough	it: House District:	
Kay Hagan	Oppose Preside	ent Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 367491.93	Disbursemen 2014	nt For: Primary X General	
Full Name of Payee		of Public Distribution/Dissemination	
Planned Parenthood Health Systems Action Fund	Date	09 01 2014	
Mailing Address 100 South Boylan Ave.	Amou	للنبا لنا لت	
City State Zip Code	e -	1325.00	
Raleigh NC 27603	Transa	action ID : B511005 of Disbursement or Obligation	
Purpose of Expenditure Persuasion events Category Ty	ry/ 004	09 01 2014	
Name of Federal Candidate	Support Office Sough	nt: House District:	
Kay Hagan		ent Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 36749		nt For: Primary	
(a) SUBTOTAL of Itemized Independent Expenditures	······ · ·	6625.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		7 1 7 1 7	
(c) TOTAL Independent Expenditures	· .	158784.55	
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.			
Aletheia Henry [Electronically File	dJ Date 08	29 2014	
Signature	54.0		

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